

DD FORM 67, FORMS PROCESSING ACTION REQUEST

How to fill out DD Form 67:

The following information will guide you through the process of completing this form. Please read carefully before completing the form.

Block 1. Type Submission: Place an “X” in the appropriate block.

Block 2. Form Designation Number: Leave blank if new form; for revision, enter number of form being revised.

Block 3. Date of Form: Leave blank.

Block 4. From: Type the OPRs complete local address, organization/FAS, complete street address, Base, State, and Zip plus 4.

Block 5. Thru: Type the name and address of your Unit Forms Monitor. (All requests are submitted to your Unit Forms Monitor for controlling and forwarding to the Forms Management Section (MSD/SSHP).)

Block 6, To: Type MSD/SSHPF, 50 LeMay Plaza South, Maxwell AFB AL 36112-4053.

Block 7. Form Title: Type the title of your form—it should agree with the title on the draft copy of the proposed form.

Block 8. Superseded Forms: Complete this block if the new form renders an existing form obsolete. Otherwise, leave blank. Complete, where required, blocks 8a, 8b, 8c(1), and 8c(2).

Block 8a. Form Number: Type the form number to be superseded.

Block 8b. Edition Date: Type in the date of the form being superseded.

Block 8c. Disposition:

1) Use: If the old form can be used until the existing stock is exhausted, put an “X” in this block. Otherwise, leave blank and mark 8c(2).

2) Do Not Use: If the old form cannot be used and should be destroyed or salvaged upon issue of the new form, place an “X” in this block. Otherwise, mark 8c(1) and leave blank.

Block 9. Prescribing Document Number: Forms used by two or more groups must be prescribed by a local directive/publication. Cite the prescribing directive number in this block and attach a copy of the directive (either draft in final coordination process or published copy). Leave this blank if the proposed draft is an office form (used only within one staff agency). Office forms do not require prescribing directives.

Block 10. Functional Code: Leave blank.

Block 11. Type of Form: Place an “X” next to “Prescribed” block if a directive prescribes the form. Otherwise leave blank.

Block 12. Design Considerations: Self-explanatory. Place an “X” in appropriate sub-blocks. Justification required if form is larger than 8 ½ x 11.

Block 13. Purpose and Description of Use: A narrative justification describing the purpose and need for the form or revision. ***NOTE: If the form was designed to support a MAJCOM tasking and the tasking agency did not provide a form for the purpose/tasking, indicate what, how, and/or who directed the tasking. List the source for the requirement and attach copy.***

Block 14. Internal Coordination and Concurrence: Complete all required coordination. Consider the need for coordination by each agency listed in lines a through d.
All requests must be coordinated through the Base Records Management Office (42 CS/SCSR).

Block 15. External Coordination and Concurrence: In most cases, this is not required; however see *AFI 33-360 V2, Table 1.1 Coordinating Forms*. If there are agencies that must coordinate and they are not listed in block 14, add them in this block. ***Coordinate all proposed new and revised forms that collect personal data with the Base Legal Office (42 ABW/JA).***

Block 16. DOD Component OPR and/or Action Officer: OPR: This person is the representative of the respective functional area who can provide technical information about the purpose and use of the form.

16a. Typed Name: Type name of the OPR.

16b. Signature: OPR signs.

16c. Date: Type date signed.

Block 17. DOD Component Approving Official: For a base form the approving official is the same approving official for the prescribing directive. For an office form, the wing staff agency chief, squadron or flight commander is the approving official.

17a. Date Signed: Type date signed.

Block 18. DOD Component and/or Forms Management Officer: Unit Forms Monitor signs. ***(NOTE: Forms Monitor signature certifies the DD Form 67 is completed properly and coordinated appropriately.) DD Forms 67 without required signatures (including forms monitor) will be returned.***

Block 19. Approving Forms Management Officer: Leave blank.